an indigenous AIDS vaccine that will address the strains of the HIV subtype 'C predominant in India. Modified Vaccinia Ankara multi epitope candidates vaccine has been developed under a tripartite agreement between ICMR, NACO & IAVI. Animal toxicity and immunogenicity test are still onging & the vaccine is likely to undergo priase-l clinical trial in 2005.

Department of Bio-technology is supporting National Reference Centre at All India Institute of Medical Sciences (AIIMS) for developing HIV vaccine. They have reported to have developed DNA re-combinant vaccine against HIV-1 sub-type 'C. This vaccine will be examined by the experts to decide its suitability for undergoing Phase-I clinical trial.

Re-combinant Adeno Associated Virus (AAV) vaccine in also being considered as a candidate vaccine which is undergoing phase-l clinical trial in Belgium and Germany. ICMR has planned to modify it as per the Indian requirements.

Non-survival of infants in paediatric wards of Safdarjung Hospital

1883. SHRIMATI N.P. DURGA. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that in Safdarjung Hospital in the month of June, 2004,142 of the 1175 infants admitted into its paediatric wards did not survive;

(b) whether doctors in emergency department do not attend patients until police register emergency cases; and

(c) the action proposed to make the public hospitals more responsible to the real needs of the people in health delivery system?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) In the month of June.2004, 142 children died out of the 2527 children admitted in Safdarjung Hospital and were mosly attributed to multiple diseases like Cardio respiratory failure, severe Pneumonia, severe Dehydration and shock, severe CNS infections, etc. Further out of these 114 deaths occurred within 48 hours of admission.

(b) In Central Government Hospitals, doctors in emergency

Department attend the patients as soon as they report in emergency while the formalities required by the Police Authority continue side by side in medico legal cases.

(c) The improvement of health care delivery system is an on-going process. Sensitization of Doctors, Nurses and other stakeholders involved in the healthcare delivery system is continuously undertaken to make them more responsive to the needs of the people in health delivery system.

Derecognizing post graduate courses in Vardman Mahavir Medical College

1884. SHRI LALIT SURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Medical Council of India derecognized eight post graduate courses in Vardman Mahavir Medical College (Safdarjung Hospital) in Delhi in 2001;

(b) whether the college authorities deposited Rs. 4 lakhs (Rs. 50,000 per course) in January, 2002 with Medical Council of India as Inspection Fee but Delhi University did not make a formal request to Medical Council of India for carrying out necessary inspection for according recognition; and

(c) the action proposed to be taken by Government to ensure due recognition of the courses by Medical Council of India so that students pursuing these courses do not suffer?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) and (c) The Medical Council of India has informed that they received Rs. 4 lakhs from the Safdarjung Hospital in January, 2002 as inspection fee for recognition of their eight postgraduate courses. The request made by the Hospital in this regard was forwarded to the Central Government by the Delhi University *vide* its letter dated 22nd July 2004. The Gcernment has in turn forwarded the said request to the Medical Council of India on 28th July, 2004 for recognition of these courses under section 11(2) of the Indian Medical Council Act, 1956.